

15/5/2010

INS. CASE OWNER:

Yunthia

CC 4 ASM AXA1801 6193, P2-f63

LKK:
IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT

5/9/10

Date / Time :

5/9/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFB 8288C

Claim No. :

S8MOOUHW / 67660

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

5/9/10

Place of Accident :

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHB6639M



INSRS:

WSP:

Tel :

Liability :

RMKS:

LOGE
ly



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 6639M - 4	Non-Reporting ltr (1st):	
SFB 8288C - 4	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: \$\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost: \$\$	If NO or B 28. Ass. Lia :	
Loss of Rental (LOR): \$\$	(days)	
Loss of Use (LOU): \$\$	(\$ x days)	
Loss of Income (LOI): \$\$	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$ (e.g. Tow/ Independent)	
Legal Cost	\$\$	
Total:	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1:	Name 1:	
Payee 2: (Strike if N.A.)	Name 2:	
Payee 3: (Strike if N.A.)	Name 3:	

* smart claim.
- OIVR

Workshops

A member of COMFORTDELGRO

Date/Time: 05.09.2018 10:26 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3853945

JC NO.: 305208588

CUSTOMER R/MS CUSTOMER NO. ADDRESS TEL. (R) (P) ACCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	
	REGN NO.:	SHB6639M
	MAKE:	HYUNDAI
	MODEL	I-40
	YR OF MANU.	05.12.2013
	CHASSIS CODE	KMHLB41UMDU043106
		MILEAGE FUEL E.....1/2.....F DATE/TIME IN 05.09.2018 04:40 TARGET DATE COMPLETION DATE/TIME:

Accident Date: 05.09.2018
NATURE: 3P 05.09.18/C

JOB DESCRIPTION

Left FRONT

*AXA
SFB8288C*

S/NO	LABOR CODE	DESCRIPTION	FRONT

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHB6639M FZ AXA
Fz

Vehicle No.: SHB6639M

Signature/Date

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>05-09-18</u> Time Received: <u>0511</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>DONALD CHEW</u> Contact No. : <u>98915848</u> Vehicle No. : <u>SHB 6639M</u> Make / Model / Colour : <u>I40</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>No 2 Lorong 10 Geylang</u>			8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

10. Odometer Reading : <u>715873</u>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested						
Fuel Level : <table border="1"><tr><td>F</td><td>1/4</td><td><u>1/2</u></td><td>3/4</td><td>E</td></tr></table>		F	1/4	<u>1/2</u>	3/4	E		
F	1/4	<u>1/2</u>	3/4	E				

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING		<p># : Cracked X : Dented / : Scatched O : Missing</p>
Name of Driver : <u>BMA</u>		
Vehicle No. : <u>Y55969A</u>		
Time Dispatch : <u>0511</u>		
Time of Arrival : <u>0537</u>		
Time Completed : _____		
		Signature of Customer _____

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

05-09-18 Date 0537 Time [Signature] Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard